

ONE HUNDRED FIRST LEGISLATURE - FIRST SESSION - 2009
COMMITTEE STATEMENT
LB341

Hearing Date: Friday January 30, 2009
Committee On: Health and Human Services
Introducer: Cook
One Liner: Change provisions relating to tuberculosis detection and prevention

Roll Call Vote - Final Committee Action:
Advanced to General File with amendment(s)

Vote Results:
Aye: 7 Senators Campbell, Gay, Gloor, Howard, Pankonin, Stuthman, Wallman
Nay:
Absent:
Present Not Voting:

Proponents: Senator Cook David Buntain Dr. Joann Schaefer	Representing: Introducer Nebraska Medical Association Department of Health and Human Services
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Opponents: Joni Cover	Representing: Nebraska Pharmacists Association
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Neutral:	Representing:
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Summary of purpose and/or changes:

LB 341 relates to the dispensing of drugs provided through public health agencies and dispensed at no charge to the patient. The bill also changes and eliminates provisions of the Tuberculosis Detection and Prevention Act (sections 71-3601 to 71-3614).

The bill changes provisions of the Nurse Practitioner Practice Act. The bill permits nurse practitioners to dispense, incident to practice, drugs that are provided through public health agencies and dispensed at no charge to the patient.

The bill changes provisions of the Pharmacy Practice Act. The bill exempts from the practice of pharmacy certified nurse midwives, certified register nurse anesthetists, and nurse practitioners who dispense drugs that are provided through public health agencies and dispensed at no charge to the patient.

The bill changes and eliminates provisions of the Tuberculosis Detection and Prevention Act (sections 71-3601 to 71-3614). The bill defines terms. The bill defines "directed health measures" as "any measure, whether prophylactic or remedial, intended and directed to prevent, treat, or limit the spread of tuberculosis."

The bill permits "the state health officer or local health officer" (defined in the bill) to order a person to submit to an examination to determine the existence of communicable tuberculosis if there are reasonable grounds to believe that the person has the disease and he or she refuses to submit to an examination. If the person refuses to comply with the order, the state health officer or a local health officer must institute judicial proceedings for commitment of the person. Strictness of pleading is not required, and a general allegation that the public health requires commitment of the person is sufficient.

The bill permits the state health officer or local health officer to order a person to submit to directed health measures when a person with communicable tuberculosis conducts himself or herself in such a way as to expose others to the disease. If the person refuses the order, the state health officer or local health officer must institute judicial proceedings

for commitment of the person. Strictness of pleading is not required, and a general allegation that the public health requires commitment of the person is sufficient.

The bill permits a court to order a person to submit to an examination to determine if the person has communicable tuberculosis. If the examination shows that the person has communicable tuberculosis, the court must order directed health measures necessary for the person's treatment and to prevent transmission of the disease.

If the person has communicable tuberculosis and conducts himself or herself in such a way as to be a danger to the public health, the bill requires the court to order commitment of the person to a facility and direct the sheriff to take the person into custody and deliver him or her to the facility "or to submit to directed health measures necessary for the treatment of the person and to prevent the transmission of the disease." The quoted language is added in the bill. The county must pay the costs of transporting the person to the facility.

The bill permits the Department of Health and Human Services to pay, in part or in whole, "the cost of drugs and medical care used to treat any person for or to prevent the spread of communicable tuberculosis and for evaluation and diagnosis of persons who have been identified as contacts of a person with communicable tuberculosis."

Explanation of amendments:

The committee amendment (AM 119) makes technical changes to narrow the scope of the bill. The bill as introduced would permit nurse practitioners to dispense, incident to practice, "drugs that are provided through public health agencies and dispensed at no charge to the patient." The committee amendment strikes the above-quoted language and replaces it with "drugs for the treatment and prevention of tuberculosis which are provided through the department and are dispensed at no charge to the patient."

The bill as introduced exempts from the practice of pharmacy certified nurse midwives, certified register nurse anesthetists, and nurse practitioners "who dispense drugs that are provided through public health agencies and dispensed at no charge to the patient." The committee amendment narrows the scope of this exception and exempts from the practice of pharmacy "nurse practitioners who dispense drugs for the treatment and prevention of tuberculosis which are provided through the department and are dispensed at no charge to the patient."

Tim Gay, Chairperson